IPC
Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions

SOMALIA

ABOUT 4.3 MILLION PEOPLE LIKELY TO EXPERIENCE HIGH LEVELS OF ACUTE FOOD INSECURITY; 1.5 MILLION CHILDREN LIKELY TO SUFFER FROM ACUTE MALNUTRITION

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS

AUGUST - DECEMBER 2023
Published on September 18, 2023

CURRENT ACUTE FOOD INSECURITY AUGUST - SEPTEMBER 2023

3.7M

22% of the population

People facing high acute food insecurity (IPC Phase 3 or above)

IN NEED OF URGENT ACTION

Phase	
Phase 5	0 People in Catastrophe
Phase 4	919,000 People in Emergency
Phase 3	2,814,000 People in Crisis
Phase 2	5,603,000 People Stressed
Phase 1	7,620,000 People in food security

PROJECTED ACUTE FOOD INSECURITY OCTOBER - DECEMBER 2023

4.3M

25% of the population

People facing high acute food insecurity (IPC Phase 3 or above)

IN NEED OF URGENT ACTION

Phase	
Phase 5	0 People in Catastrophe
Phase 4	1,014,000 People in Emergency
Phase 3	3,281,000 People in Crisis
Phase 2	5,898,000 People Stressed
Phase 1	6,763,000 People in food security

ACUTE MALNUTRITION AUGUST - DECEMBER 2023

1.5M

cases of children aged 6-59 months acutely malnourished

IN NEED OF TREATMENT

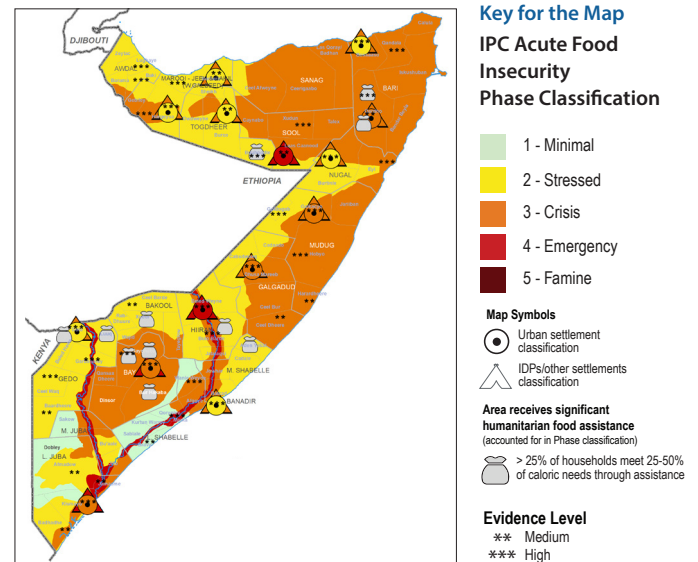|	
Severe Acute Malnutrition (SAM)	**331,000**
Moderate Acute Malnutrition (MAM)	**1,121,000**

Overview

The IPC Acute Food Insecurity classification based on household surveys and field assessments conducted in June and July 2023 and subsequent analysis in August 2023 show that more than 3.7 million people are experiencing Crisis or worse (IPC Phase 3 or above) outcomes between August and September 2023. This number is expected to increase to 4.3 million people between October to December 2023.

The key drivers of acute food insecurity and malnutrition in Somalia include the combined effects of blow average and poorly distributed rainfall, flooding, the extended impact of multi-season drought in pastoral areas, limited household access to food due to income constraints and elevated food prices, continued insecurity, and conflict in many parts of central and southern Somalia and in Lasaanod (Sool), and low coverage of humanitarian assistance.
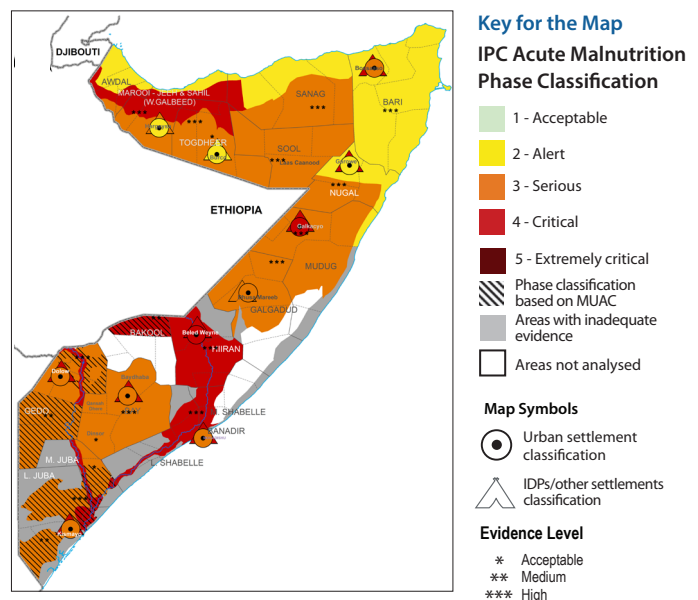
Key drivers for acute food insecurity

Erratic rains: Below average Gu season rainfall in central and parts of southern Somalia, early cessation of Gu rains in agropastoral areas; extended impact of multi-season drought in pastoral areas, including low milk availability and access

Flooding: Flood ing in Gedo and Hiran in March and May 2023; anticipated El Nino-induced flooding during the forthcoming Deyr season, especially in riverine areas

High food prices: Limited household access to food due to income constraints and elevated food prices

Conflict and insecurity: Persistent conflict and insecurity across regions continue to result in population displacement, disrupt market access and functionality, hinder households' access to livelihood opportunities, and restrict their ability to receive humanitarian assistance.

Diseases and poor health access: Acute watery diarrhea and measles cases, low access to safe water and sanitation facilities, high morbidity in many areas, low vitamin A supplementation and measles vaccination coverage.

Projected Acute Food Insecurity : October - December 2023

Key for the Map

IPC Acute Food Insecurity Phase Classification

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Area receives significant humanitarian food assistance (accounted for in Phase classification)

- \> 25% of households meet 25-50% of caloric needs through assistance

Evidence Level

- ** Medium
- *** High

Projected Acute Malnutrition : October - December 2023

Key for the Map

IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Evidence Level

- * Acceptable
- ** Medium
- *** High

Available forecasts indicate an increased likelihood of El Nino and above-average rainfall during the 2023 Deyr (October-December) season across most of the country, with likely adverse impact on livelihoods, food security, and nutrition outcomes, mostly in riverine areas.
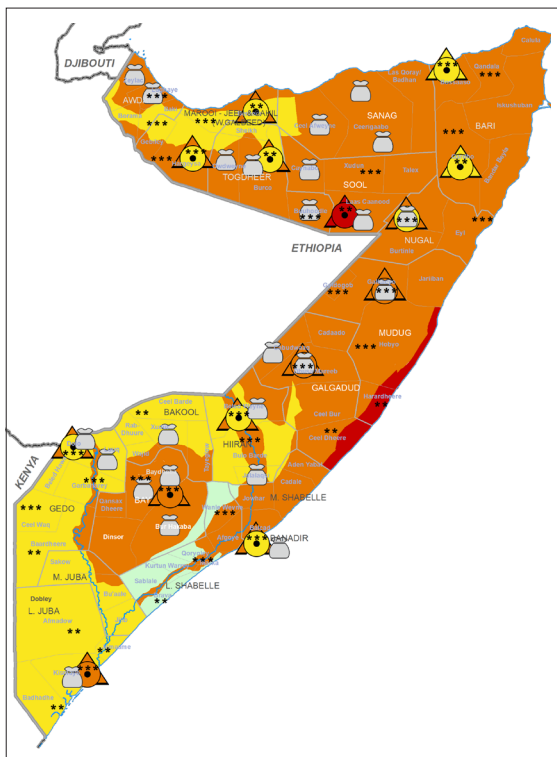
Humanitarian assistance has continued to play a critical role in preventing worse food security and nutrition outcomes in many areas. This assistance is expected to decline further between October to December 2023 if additional funding is not secured.

For acute malnutrition, the analysis findings shows that acute malnutrition situation has generally improved compared to the same season in 2022. Of the 46 population groups included in analysis, a Critical situation (IPC AMN Phase 4) was observed in thirteen population groups. Additionally, twenty-two population groups were classified in Serious (IPC AMN Phase 3), while ten other population groups were classified in Alert situation (IPC AMN Phase 2), and in just one population group the situation was classified as Acceptable (IPC AMN Phase 1). It estimated that approximately 1.5 million children aged 6 to 59 months under the age of five years face acute malnutrition between August 2023 and July 2024, including 330,630 who are likely to be severely malnourished.

The major contributing factors for acute malnutrition include limited access to health and nutrition services, as a result, in part, of limited humanitarian funds, as well as acute food insecurity and high morbidity in many areas.

ACUTE FOOD INSECURITY CURRENT MAP AND POPULATION TABLE (AUGUST - SEPTEMBER 2023)

Key for the Map

IPC Acute Food Insecurity Phase Classification

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

Area receives significant humanitarian food assistance
(accounted for in Phase classification)

> 25% of households meet 25-50% of caloric needs through assistance

> 25% of households meet > 50% of caloric needs through assistance

Map Symbols

Urban settlement classification

IDPs/other settlements classification

Evidence Level

** Medium
*** High

Note: Across Somalia, 16 livelihoods covered had High Evidence levels, while in 9 likelihoods that have security-related access constraints, recent outcome data from neighbouring livelihoods was applied hence the evidence level was considered Medium.

Population table for the current period: August – September 2023

Region	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%
Awdal	576,543	214,313	37	240,120	42	93,260	16	28,850	5	0	0	122,110	21
Bakool	492,495	276,775	56	144,960	29	54,630	11	16,130	3	0	0	70,760	14
Banadir	2,874,431	1,710,881	60	751,490	26	294,330	10	117,730	4	0	0	412,060	14
Bari	1,116,850	510,180	46	384,100	34	166,720	15	55,850	5	0	0	222,570	20
Bay	1,131,121	380,291	34	388,720	34	251,040	22	111,070	10	0	0	362,110	32
Galgaduud	736,546	163,536	22	263,390	36	248,300	34	61,320	8	0	0	309,620	42
Gedo	884,235	440,115	50	259,670	29	124,460	14	59,990	7	0	0	184,450	21
Hiraan	457,546	217,496	48	149,690	33	87,150	19	3,210	1	0	0	90,360	20
Lower Juba	1,049,796	605,906	58	258,950	25	159,370	15	25,570	2	0	0	184,940	18
Lower Shabelle	1,477,523	812,873	55	422,730	29	167,470	11	74,450	5	0	0	241,920	16
Middle Juba	356,269	192,449	54	97,270	27	57,330	16	9,220	3	0	0	66,550	19
Middle Shabelle	918,463	440,333	48	286,670	31	138,360	15	53,100	6	0	0	191,460	21
North Mudug	817,701	254,951	31	276,960	34	222,350	27	63,440	8	0	0	285,790	35
Nugaal	572,647	248,827	43	174,330	30	111,740	20	37,750	7	0	0	149,490	26
Sanaag	388,559	178,759	46	128,530	33	61,830	16	19,440	5	0	0	81,270	21
Sool	497,571	155,601	31	204,560	41	96,550	19	40,860	8	0	0	137,410	28
South Mudug	514,932	142,372	28	175,870	34	160,260	31	36,430	7	0	0	196,690	38
Togdheer	780,092	234,462	30	393,970	51	112,650	14	39,010	5	0	0	151,660	19
Woqooyi Galbeed	1,311,946	439,426	33	600,730	46	206,180	16	65,610	5	0	0	271,790	21
Grand Total	16,955,266	7,619,546	45	5,602,710	33	2,813,980	17	919,030	5	0	0	3,733,010	22

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

ACUTE FOOD INSECURITY CURRENT SITUATION OVERVIEW AND KEY DRIVERS (AUGUST - SEPTEMBER 2023)

Between August and September 2023, more than 3.7 million people are experiencing high levels of acute food insecurity (IPC AFI Phase 3 or above). An additional 5.6 million people are under Stressed (IPC Phase 2) conditions, bringing the total number of people experiencing acute food insecurity (IPC Phase 2 or above) to 9.3 million. Humanitarian assistance is preventing the worsening of food security and nutrition outcomes in many areas.

For the current analysis period (August and September 2023), Coastal Deeh Pastoral and Fishing livelihood zones of central region are classified in Emergency (IPC Phase 4). IDP and urban populations in Lasaanod of Sool region where ongoing conflict has displaced tens of thousands of people, disrupted livelihoods, markets, and destroyed socio-economic infrastructure, both are classified in Emergency (IPC Phase 4) situation. Most of the pastoral and agropastoral livelihoods of northern and central regions, agropastoral livelihoods in northern, central, and southern Somalia, and riverine livelihoods in Hiran, Middle Shabelle, Lower Shabelle and Gedo are classified in Crisis (IPC Phase 3). Southern Inland Pastoral of Galgadud, Hiran, Bakool, Gedo, Middle Juba and Lower Juba, Southern Cattel Pastoral of Middle Juba, and Lower Juba and Southern Rainfed Maize agropastoral of Lower Juba appear as Stressed (IPC AFI Phase 2). Most of the main Internally Displaced People (IDPs) settlements across the country are classified in Crisis (IPC Phase 3), while most urban populations are Stressed (IPC Phase 2).

Despite an early start and good intensity in March and April, the 2023 Gu rains (March/April – June), had a mixed performance, with average to above average rainfall in parts of northern regions and Jubaland and below average in most parts of central and southern Somalia. Gu season rainfall improved pasture and water availability in most regions. Riverine floods affected riverine and urban populations in Hiraan, Middle Shabelle and Lower Shabelle. Severe flash floods caused major damages in parts Gedo, Bay and Bakool and parts of northwest regions, causing population displacement, crop losses, and disruptions to market access.

The 2023 Gu season cereal production in southern Somalia is estimated at 73,800 tons, which is 34 percent lower than the long-term average (1995 - 2022). The low level of production is the result of a combination of factors, including below average rainfall, insecurity, flooding, pests, and shortage of farm inputs. In the Northwest, the 2023 Gu/Karan season cereal production - to be harvested in November - is estimated at 14 400 tons. This is 60 percent below the 2010-2022 average, mainly due to poor and erratic rainfall and prolonged dry spells and pests.

Pasture, browse, and water availability improved in most parts of Somalia following intense rainfall from mid-March to late April. However, pasture and browse availability is below average in most parts of central Somalia, Hiraan, and Middle Shabelle, and coastal parts of northern. Livestock migration remained normal. Increased water price due to water scarcity have been reported in large parts of central and Hiran regions. Water scarcity is expected to worsen until the start of the 2023 Deyr rains in October. Conception of all livestock species are medium to high across the country due to improvements in pasture and water availability. Livestock births remained low due to the extended impact of drought that affected most parts of Somalia since late 2020. As a result, milk production and availability remain low in most parts of the country.

As of July 2023, prices of maize and sorghum have declined to levels below last year and are currently close to average, due to the increased supply from 2023 Gu harvest. Imported food prices have become stable or decreased over the past one year in most markets due to ample supply but prices remained higher than the five-year average. There has also been

Impact on agriculture (maize and sorghum production)

Southern Somalia
Trends in Gu Plus Offseason Cereal Production (1995-2023)
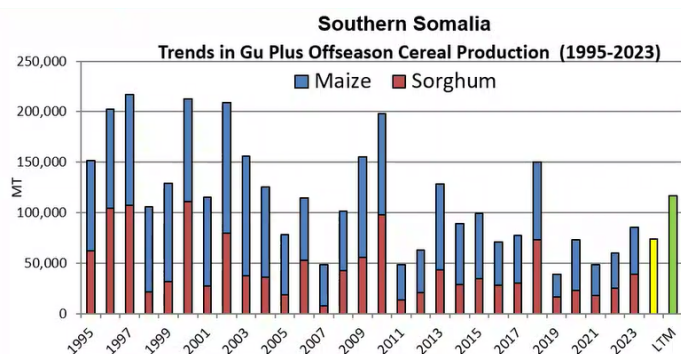
The 2023 Gu season cereal production is southern Somalia is estimated at 85 400 tons, including off season harvest of 10 700 tons expected in late September/early October 2023.

The above production estimate is 34 percent below the long-average for 1995 - 2022 but the highest since 2018 Gu.

The main reasons for the below average production in 2023 Gu are: moisture stress and long dry spells, low river levels that affected irrigation in riverine areas, floods in some riverine areas, high cost of farm inputs and civil insecurity that disrupted crop cutlivation.

Impact on agriculture (maize and sorghum production)

**Northwest Regions
Gu/Karan Cereal Estimates (2010-2023)**
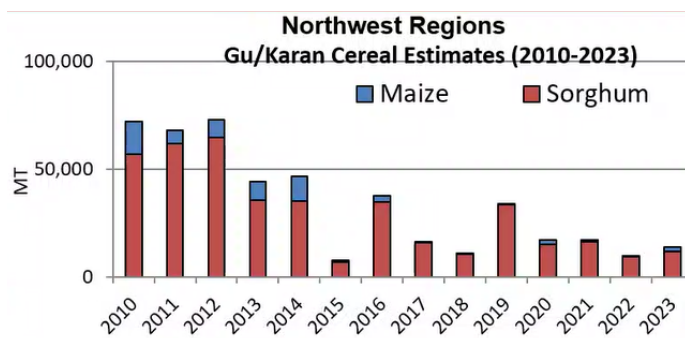
The preliminary estimate for the 2023 *Gu/Karan* cereal production (harvest expected in November) is only 14 400 tons. This is 60 percent lower than the 2010-2022 average. The causes of this poor harvest include late sowing, dry spells in June, expensive inputs, pests and low Karan rainfall.

Unlike other agro pastoral areas in W. Galbeed and Awdal regions, Togdheer agro pastoral is expected to have a good harvest, thanks to the beneficial effects of early rains and flash floods from the Golis mountains.

The production of fodder in Toghdeer also increased, which boosted the income of poor agropastoral households.

a modest decrease the Cost of the Minimum Expenditure Basket (CMB) due to the positive effect of declining food prices).

Based on UNHCR/PRMN data, approximately 1.4 million people were newly displaced between January to July 2023, mainly due to insecurity/conflict (40percent), floods (29percent) and drought (28%). Most conflict related displacements occurred in in Hiran, Middle Shabelle and Galgaduud regions in the context of government military offensive against insurgents and the ongoing conflict in Laasanood (Sool region).

In agro-pastoral livelihood zones, where the main shocks include erratically distributed rainfall and conflict, poor households have experienced substantial crop losses and low income from agricultural employment. With few alternative sources of food and income after current food stocks are depleted, they face moderate to large food consumption gaps through late 2023. In riverine livelihood zones along the Shabelle and Juba rivers, seasonal floods (Shabelle, Hiraan and Gedo) led to significant crop losses and loss of income from agricultural employment. Consequently, a significant proportion of poor households in riverine areas are currently facing moderate to large food consumption gaps.

Many poor households in pastoral livelihoods have not yet recovered from the impacts of drought and are experiencing moderate to large food consumption gaps due to below average or poor milk availability, a limited number of saleable animals, and high level of indebtedness.

Humanitarian assistance (food, cash and assistance covering other critical sectors) has continued to play a critical role in preventing worse food security and nutrition outcomes in many areas. However, the provision of humanitarian food and cash assistance has been declining since January 2023, mostly reflecting funding constraints. Food and cash assistance reached an average of 4.4 million people per month between January and March 2023, declining to 3.6 million people per month between April to June 2023. Funding shortages have already forced humanitarian partners to scale down their response prioritizing the most vulnerable in areas with the greatest severity of needs.

Outcome data

A total of 36 integrated food security, nutrition and mortality assessments were conducted between June and August 2023 through collaboration between FSNAU, government and partners. These assessments covered 16 rural livelihoods, 10 urban population groups and 10 Internally Displaced Persons (IDPs) main sites, and collected information on a range of food security and nutrition outcome indicators, namely food consumption score (FCS), household dietary diversity score (HDDS), reduced coping strategies index (rCSI), household hunger scale (HHS) and livelihood coping strategies (LCS), Global Acute Malnutrition (GAM) prevalence, Crude Death Rate (CDR), and Under-Five Death Rate (U5DR).

Results on household food consumption over a 7-day recall period (FCS), show that in 7 out of 36 population groups, 20 percent or more households had poor food consumption, indicative of Emergency (IPC Phase 4). These are Baidoa IDPs, Bossaso IDPs, Dhusamareb IDPs, Hargeisa IDPs, Hargeisa Urban, Northeast East Golis, and Coastal Deeh Pastoral. For 11 population groups, 20 percent or more households had borderline food consumption, indicative of Crisis (IPC Phase 3). The remaining 18 had Acceptable food consumption, reflective of Minimal or Stressed (IPC Phase 1 or 2).

In Somalia where households tend to consume a somewhat diversified diet even when the diet is not adequate, HDDS results, which represents the number of different food groups consumed over a 24-hour recall period generally tend to show a mostly positive food security outcome and should always be interpreted together with other food security outcome indicators. The 2023 Post Gu results indicate that in 7 out of 36 population groups, 20 percent or more households had HDDS score of 3-4, indicative of Crisis (IPC Phase 3). These are Bossaso IDPs, Bossaso Urban, Dhusamareb IDPs, Dhusamareb Urban, Kismayo IDPs, Northeast East Golis, and Coastal Deeh Pastoral. The remaining 29 had 20 percent or more households with HDDS score of 5 or more, indicative of Minimal or Stressed (IPC Phase 1 or 2).

Use of Reduced Coping Strategies (rCSI) by households over a 7-day recall period, show that, in 8 out of 36 population groups, 20 percent or more households used crisis type consumption coping strategies (rSCI score of 19 or more), indicative of IPC Phase 3. These are Baidoa IDPs, Dhusamareb IDPs, Dhusamareb Urban, Kismayo IDPs, Mogadishu IDPs, Addun Pastoral, Shabelle Riverine, and rural part of Beletweyne district. For 25 population groups, 20 percent or more households used stressed consumption coping strategies (rCSI score of 4-18), indicative of IPC Phase 2. The remaining 3 had 80 percent of the households with a rCSI score of 0-3, reflective of Minimal (IPC Phase 1).

Household hunger scale (HHS) which assesses extent of hunger experienced by households over a 30-day recall period results indicate that, only Dhusamareeb IDPs had 20 percent or more households reporting experiencing severe hunger, indicative of Emergency (IPC Phase 4). Most population groups (24) had 20 percent or more households reporting experiencing moderate hunger, indicative of Crisis (IPC Phase 3). In 5 population groups, 20 percent or more households reported experiencing slight hunger, indicative of Stressed (IPC Phase 2). The remaining 5 population groups, more than 80 percent of the households didn't experience any hunger, indicative of Minimal (IPC Phase 1).

When households are not able to meet their food consumption requirements, they use a variety of livelihood-based coping strategies to fill the gap. The 2023 Post Gu results indicate that in 10 out of 36 population groups, 20 percent or more households reported extreme depletion/liquidation of livelihood assets and strategies, indicative of Emergency (IPC Phase 4). These are Baidoa IDPsBaidoa IDPs, Dollow IDPs, Dollow Urban, Galkayo IDPs, Kismayo Urban, Northeast Hawd Pastoral, Addun Pastoral, Gedo Pastoral, Gedo Riverine, and rural parts of Beletweyne district. For 11 population groups, 20 percent or more households reported accelerated depletion/erosion of livelihood strategies and/or assets, indicative of Crisis (IPC Phase 3). For 14 population groups, 20 percent or more households reported using stressed type livelihood coping strategies, indicative of Stressed (IPC Phase 2). Only Hargeisa urban had more than 80 percent of households reporting not using any adverse coping strategies, reflective of Minimal (IPC Phase 1).

ACUTE FOOD INSECURITY PROJECTION MAP AND POPULATION TABLE (OCTOBER - DECEMBER 2023)

Key for the Map

IPC Acute Food Insecurity Phase Classification

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

Area receives significant humanitarian food assistance
(accounted for in Phase classification)

> 25% of households meet 25-50% of caloric needs through assistance

> 25% of households meet > 50% of caloric needs through assistance

Map Symbols

Urban settlement classification

IDPs/other settlements classification

Evidence Level

** Medium
*** High

Note: Across Somalia, 16 livelihoods covered had High Evidence levels, while in 9 likelihoods that have security-related access constraints, recent outcome data from neighbouring livelihoods was applied hence the evidence level was considered Medium.

Population table for the projection period: October – December 2023

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Banadir	2,874,431	1,423,441	50	895,200	31	379,190	13	176,600	6	0	0	555,790	19
Bari	1,116,850	514,240	46	381,040	34	214,000	19	7,570	1	0	0	221,570	20
Bay	1,131,121	181,921	16	440,640	39	367,110	32	141,450	13	0	0	508,560	45
Galgaduud	736,546	179,356	24	295,600	40	231,160	31	30,430	4	0	0	261,590	36
Gedo	884,235	334,745	38	298,660	34	189,880	21	60,950	7	0	0	250,830	28
Hiraan	457,546	166,216	36	129,020	28	93,900	21	68,410	15	0	0	162,310	35
Lower Juba	1,049,796	427,896	41	277,370	26	243,600	23	100,930	10	0	0	344,530	33
Lower Shabelle	1,477,523	686,223	46	407,850	28	229,870	16	153,580	10	0	0	383,450	26
Middle Juba	356,269	123,259	35	95,910	27	94,970	27	42,130	12	0	0	137,100	38
Middle Shabelle	918,463	386,073	42	292,450	32	159,160	17	80,780	9	0	0	239,940	26
North Mudug	817,701	351,751	43	298,830	37	159,420	19	7,700	1	0	0	167,120	20
Nugaal	572,647	291,597	51	175,980	31	100,330	18	4,740	1	0	0	105,070	18
Sanaag	388,559	178,329	46	131,120	34	69,100	18	10,010	3	0	0	79,110	20
Sool	497,571	167,281	34	198,720	40	96,550	19	35,020	7	0	0	131,570	26
South Mudug	514,932	156,682	30	218,120	42	131,820	26	8,310	2	0	0	140,130	27
Togdheer	780,092	287,462	37	365,210	47	118,000	15	9,420	1	0	0	127,420	16
Woqooyi Galbeed	1,311,946	495,886	38	572,130	44	209,870	16	34,060	3	0	0	243,930	19
Grand Total	**16,955,266**	**6,762,826**	**40**	**5,897,570**	**35**	**3,280,770**	**19**	**1,014,100**	**6**	**0**	**0**	**4,294,870**	**25**

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

ACUTE FOOD INSECURITY PROJECTION OVERVIEW AND KEY DRIVERS (OCTOBER - DECEMBER 2023)

Despite the positive impact of the 2023 Gu rains and sustained humanitarian assistance, the levels of acute food insecurity in the projection period are expected to remain high. Between October to December 2023, 4.3 million people are expected to face Crisis (IPC Phase 3) or worse outcomes. This includes over 1 million people who will likely be in Emergency (IPC Phase 4).

The increase in the number of people facing Crisis (IPC Phase 3) or worse outcomes from 3.7 million between August-September 2023 to 4.3 million between October to December 2023 is due to a combination of factors, including the adverse impacts of El-Nino related heavy rains and flooding and anticipated decline in the level of humanitarian assistance in the coming months because of funding constraints.

Above-average rainfall during the forthcoming October to December Deyr season is expected to lead to improved availability of pasture and water, and increased access to milk as more livestock give birth and herd sizes grow. In turn, this will enable poor households to partially meet their minimum food needs. Increased livestock sales and milk consumption are expected to minimize food gaps, as poor households will be able to repay and take on more debt/credit or will be able to purchase food. Consequently, food security outcomes in several pastoral livelihoods will improve: Coastal Deeh Pastoral and Fishing of central regions (IPC Phase 4 to IPC Phase 3); Guban Pastoral, Hawd Pastoral of northwest, northeast and central (IPC Phase 3 to IPC Phase 2); Southern Inland Pastoral of Middle Juba and Lower Juba (IPC Phase 2 to IPC Phase 1). However, Northern Inland Pastoral of northwest and northeast, East Golis Pastoral of northwest and northeast, Coastal Deeh Pastoral and Fishing of northeast and Middle Shabelle will remain in Crisis (IPC Phase 3) during the projection period. In these livelihoods, poor households' livestock holding is expected to remain below baseline levels, and income from livestock and milk sales would not be sufficient to purchase adequate food. Similarly, the Southern Inland Pastoral of Hiran, Bakool, Bay, Gedo, Middle Juba and Lower Juba and Juba Cattel Pastoral of Middle Juba and Lower Juba will remain Stressed (IPC Phase 2) due to the extended impact of previous droughts.

In agropastoral areas, the benefits of above-average Deyr season rainfall will be offset by an expected decline in access to agricultural labor income due to heavy rainfall and flash floods. Cropping activities will likely be delayed due to excessive soil moisture reducing labor opportunities. Household cereal stocks from below average 2023 Gu season harvest will be limited or depleted. Access to milk and income from livestock sales would be limited due to limited herd sizes. Therefore, Northwest Agropastoral, Toghdeer Agropastroral, Bay-Balool Low Potential Agropastoral, Sorghum High Potential Agropastoral of Bay, Bakool, Gedoand Middle Juba and Middle Shabelle; and Southern Agropastoral of Hiran and Middle Shabelle will remain in Crisis (IPC Phase 3). However, Southern Agropastoral areas in Bakool and Gedo, with improved livestock conditions and value, and increased access to

Key Assumptions

- Driven by El Niño and positive IOD conditions, above average rainfall is likely during the October to December Deyr season in most of the country.

- El Niño rains will likely result in flooding (mainly in riverine and low-lying areas), population displacement, damage to infrastructure.

- Above-average rainfall and associated flooding are likely to delay and disrupt cropping activities, damage standing crops, destroy underground cereal stocks in riverine and agropastoral livelihood zones.

- Agricultural employment and income will likely be significantly reduced in flood affected areas.

- Market supply disruptions are expected to drive atypical food price increases in flood affected areas.

- Pasture and water availability is expected to improve during the Deyr season, with a positive impact on livestock production and reproduction.

- Insecurity/conflict is likely to persist and adversely affect populations in central/southern regions & in Lasaanood

- Due to limited funding, availability of vital humanitarian health and nutrition services, cash assistance, food aid, and wash program support will be restricted.

- Milk availability will remain limited to due to the extended impact of previous droughts.

- Food prices are likely to remain generally stable or increase slightly. However, in the northwest region, moderate price increases are anticipated due to the ongoing depreciation of the local currency.

milk consumption and sales will not be sufficient to offset the crop-related negative impact of EL Nino rains and, as a result, the areas are expected to remain Stressed (IPC Phase 2).

In most riverine livelihood zones of Hiraan, Middle Shabelle, Lower Shabelle, Gedo, and Middle Juba off-season harvest in September will likely improve food consumption among poor households. However, households will likely miss the potential deyr cropping activities and income from agriculture labor due to anticipated massive flooding. Population displacement and disruption to market access, and increased food prices, will likely undermine household food consumption. Increased waterborne diseases, low food intake, and limited access to health services will likely increase acute malnutrition. As a result, food security outcomes are expected to deteriorate between October and December 2023 in riverine livelihoods: riverine livelihoods of Hiran, Middle Shabelle, Gedo (IPC Phase 3 to IPC Phase 4). In the riverine livelihood of Middle Juba and Lower Juba where the devastating impact of El Nino-induced flooding is expected to be more widespread and severe, food security outcomes are expected to deteriorate much more rapidly, from Stressed (IPC Phase 2) to Emergency (IPC Phase 4).

The number of Internally Displaced Persons (IDPs) across Somalia is currently estimated at 3.7 million (OCHA). Most of them are poor with limited livelihood assets, few income-earning opportunities, low communal support, and high reliance on external humanitarian assistance. In the context of reduced humanitarian assistance, a significant proportion of IDPs (in both rural and urban settlements) will face moderate to large food consumption gaps. Some of the urban poor across Somalia will also continue to experience moderate to large food consumption gaps during the projection period. Most of the main IDP settlements analysed will remain in Crisis (IPC Phase 3). In Lasanood district where ongoing conflict has displaced thousands and disrupted livelihoods and market access, both IDPs and urban populations face large food consumption gaps and will remain in Emergency (IPC Phase 4). Anticipated flooding and consequent population displacement, disruptions to livelihoods and market access, disease outbreaks and reduced access to health services are expected to lead to deterioration of food security outcomes among Beletweyne IDPs (IPC Phase 3 to IPC Phase 4), and Beletweyne Urban (IPC Phase 2 to IPC Phase 4). Food security outcomes are also expected to deteriorate among IDPs in Baidoa and Kismayo (IPC Phase 3 to IPC Phase 4) due to multiple factors, including reduced access to humanitarian assistance and disease outbreaks. Most other urban populations will remain in Crisis (IPC Phase 3) or Stressed (IPC Phase 2).

ACUTE MALNUTRITION CURRENT MAP (AUGUST - SEPTEMBER 2023)
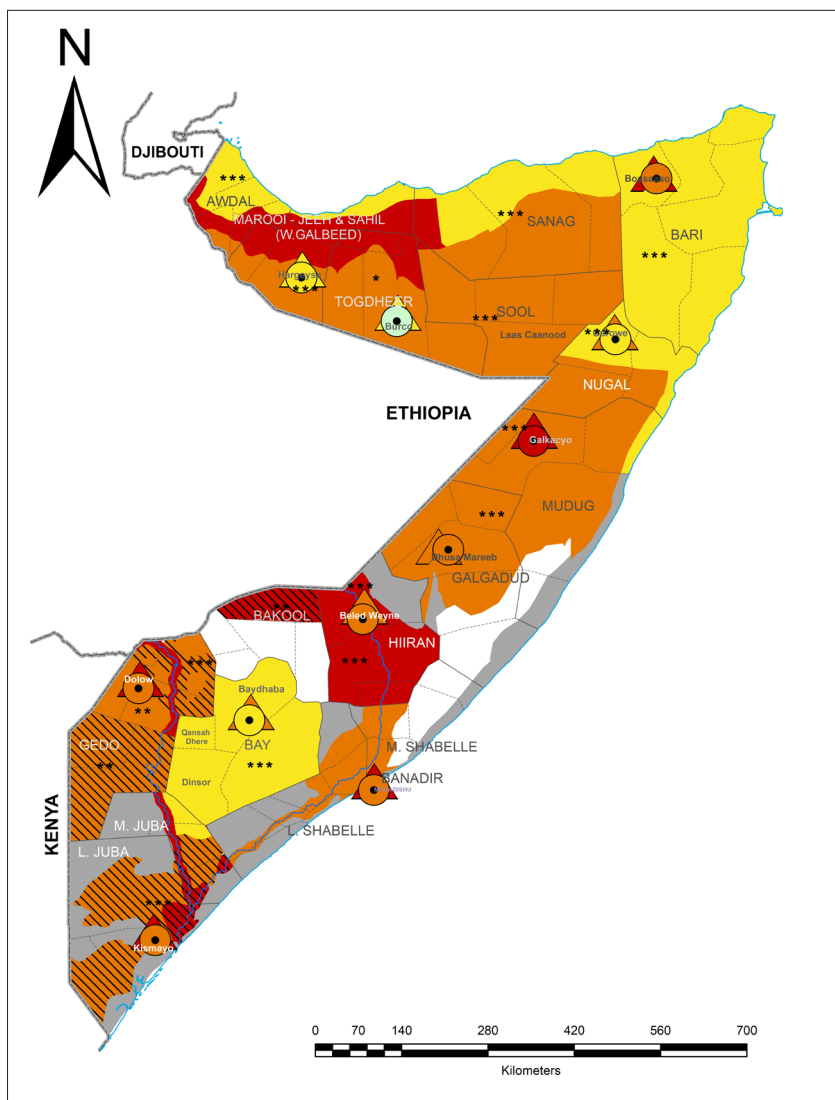
Key for the Map

IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Evidence Level

- * Acceptable
- ** Medium
- *** High

ACUTE MALNUTRITION CURRENT OVERVIEW (AUGUST - SEPTEMBER 2023)

The current IPC AMN analysis covered a total of 46 populations groups, covering rural areas (25), IDP settlements (10), and urban area (11). Overall, the 2023 Gu analysis findings shows that acute malnutrition situation has generally improved in relative terms compared to 2022 Gu. Despite this, acute malnutrition remains widespread in Somalia at varying levels of severity. Of the 46 population groups included in the analysis, a Critical situation (IPC AMN Phase 4) was observed in thirteen (13) population groups. Additionally, twenty-two (22) population groups were classified in Serious situation (IPC AMN Phase 3), while ten (10) other population groups were classified in Alert situation (IPC AMN Phase 2). The situation was classified as Acceptable (IPC AMN Phase 1) only among the urban population of Burao.

In rural areas, of the total (25) livelihoods surveyed, the AMN situation was Critical in seven areas, Serious in 13 areas and Alert in 5 areas. A comparative analysis on the evolution of the acute malnutrition situation between last year and this year's Gu season showed a statistically significant improvement ($\rho<0.05$) in Bay Agropastoral (Bay), Northern Inland Pastoral (Northeast), Hawd Pastoral (Central) and among IDPs in Mogadishu IDPs (Banadir), Baidoa IDPs (Bay) and Beletweyne urban/IDP. On the other hand, despite in Addun Pastoral (Central), Shabelle Riverine and Shabelle Agropastoral the situation improved from Critical to Serious, and in Coastal Deeh Pastoral (Northeast) also recorded improvement from Serious to Alert, the change in the GAM prevalence is not statistically significant.

The relative improvement in the nutrition situation in rural areas is partly due to gradual increase in milk availability and access, sustained humanitarian assistance, enhanced access to food with income from improved livestock body conditions and reduced food prices, and slight decline in morbidity prevalence. However, morbidity prevalence remained high in half of (8 out of 16) the population groups surveyed with the highest prevalence reported among Bay Agro-pastoral (37.5percent), and North Gedo Pastoral (28.4 percent). Measles vaccination, Vitamin A supplementation, and access to safe water and sanitation facilities are low in many rural livelihoods with almost half of the population groups surveyed not accessing these services/facilities.

Acute malnutrition during 2023 Gu was Critical in five IDP population groups assessed out of the ten, namely: Bossaso IDPs, Galcayo IDPs, Mogadishu IDPs, Dolow IDPs and Kismayo IDPs. These results underscore the underlying vulnerability of IDP populations who largely depend on humanitarian assistance and social support. A comparative analysis of the acute malnutrition situation between last year and this year's Gu season was also done for the IDPs, which showed a statistically significant ($\rho<0.05$) reduction in the level of acute malnutrition in four IDPs sites, namely Mogadishu, Baidoa, Beletweyne urban and Hiran IDPs. The reduction is due to sustained humanitarian assistance as these areas were previously identified as facing risk of famine and benefitted from multifaceted scaling up of humanitarian assistance. Morbidity prevalence was high ($\geq$ 20percent) in 4 out of 9 IDP population groups assessed: Mogadishu IDPs (36.2percent), Baidoa IDPs (32.3percent), Hargeisa IDPs (31 percent) and Dollow IDPs (28.9 percent). Measles vaccination, and Vitamin A supplementation coverage among IDPs is relatively high but below the Sphere Standard of 95percent. However, access to water and sanitation facilities meets SPHERE Standards in most of the assessed IDP settlements. Coverage of measles vaccination and vitamin A supplementation was lowest among Mogadishu IDPs (25.8 percent and 33.9percent) in Banadir and Baidoa IDPs (46.1 percent and 53.1 percent) in Bay respectively.

In the urban populations, of the eleven areas included in the analysis, acute malnutrition was classified as Critical in Galkayo, and Serious in Bossaso, Dhusumareb, Beletweyne, Mogadishu, Dollow and Kismau. In Hargeisa, Garowe and Baidoa, acute malnutrition was classified as Serious. Burao was the only area classified in Acceptable. The Critical situation in Galkayo is partly linked to constrained access to food and income due to high destitution and debt levels. As for the rest, overall, morbidity prevalence was low (< 20percent) among most of the urban population groups, except in Kismayo urban (23.2 percent) and Dollow urban (20.7percent). Measles vaccination, vitamin A supplementation are good in most of the urban population groups surveyed. On the other hand, low levels of CMAM treatment programme coverage were observed in either rural, urban and IDPs, where evidence was available.

Acute malnutrition population table for the projection period: August - December 2023

Region	Under - Five Population	Acute Malnutrition Burden		
		Severe Acute Malnutrition (SAM)	Moderate Acute Malnutrition (MAM)	Total
Awdal	115,309	8,850	30,360	39,210
W. Galbeed	262,389	18,020	72,160	90,180
Togdheer	156,018	7,200	41,670	48,870
Sool	99,514	4,940	28,850	33,790
Sanaag	77,712	4,710	20,850	25,560
Bari	223,370	18,420	60,650	79,070
Nugaal	114,529	5,030	28,610	33,640
Mudug	266,527	13,180	89,650	102,830
Galgaduud	147,309	6,780	46,770	53,550
Hiraan	91,509	10,820	34,360	45,180
M. Shabelle	183,693	20,590	65,290	85,880
L. Shabelle	295,505	35,670	110,890	146,560
Bay	226,224	35,930	81,300	117,230
Bakool	98,499	11,840	33,600	45,440
Gedo	176,847	13,270	58,840	72,110
M. Juba	71,254	8,460	26,810	35,270
L. Juba	209,959	19,130	60,250	79,380
Banadir	574,886	87,790	229,730	317,520
TOTAL	**3,391,053**	**330,630**	**1,120,640**	**1,451,270**

Overall, it is estimated that 1.45 million cases of children aged 6 to 59 face acute malnutrition (total acute malnutrition burden) between August 2023 and July 2024, including 330,630 likely to be severely malnourished. A comparative analysis of the burden estimates a decrease both in the number of children facing acute malnutrition (-19 percent) and severe malnutrition (-36 percent), compared to 2022 Gu.

The burden figure is based on the prevalence of combined GAM and SAM from the results of the SMART nutrition survey carried out between June and August 2023. As a result of continuous demand from partners for estimates the number of malnourished children disaggregated by regions/districts when in fact the current FSNAU food security and nutrition assessments are conducted at the livelihood level in rural areas displaced and urban population groups in selected urban areas. A combination of real estimate value and proxy prevalence techniques has been used to provide a nationwide absolute number of acutely malnourished children. Where the prevalence of acute malnutrition was not available, the prevalence observed in similar livelihoods and an average median GAM prevalence was taken if a district has multiple livelihood zones.

ACUTE MALNUTRITION PROJECTION MAP (OCTOBER - DECEMBER 2023)
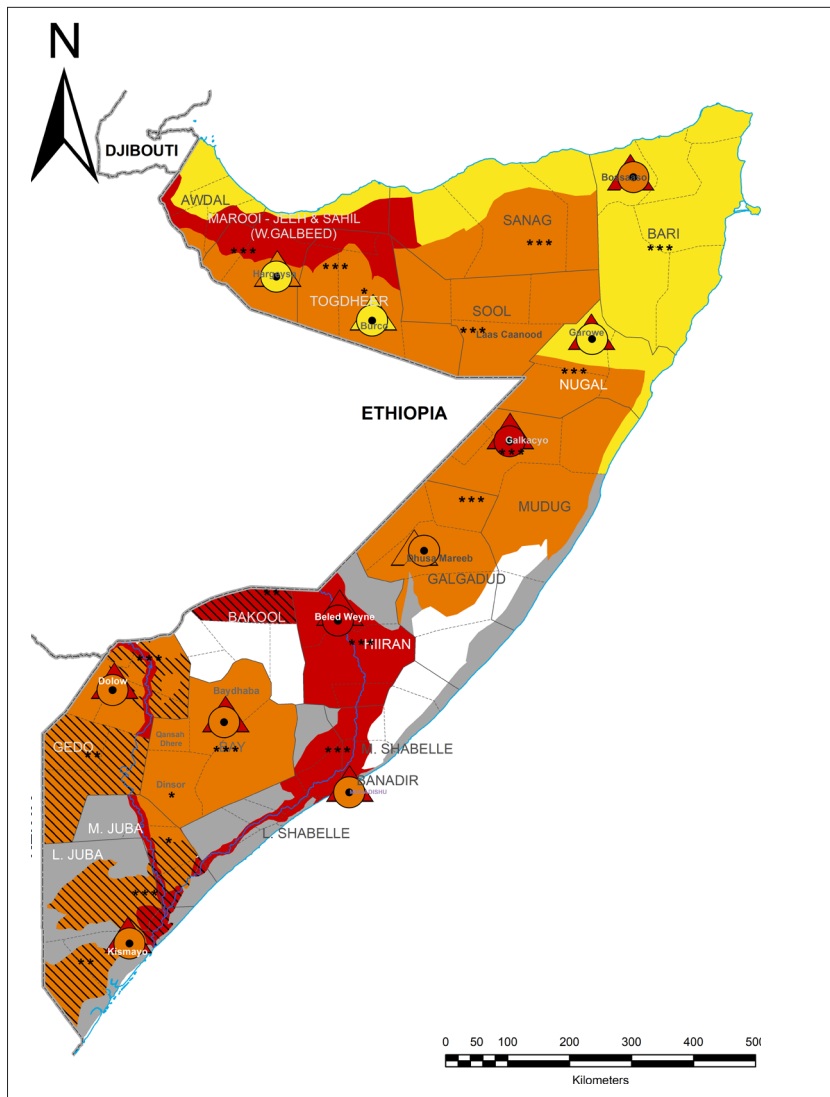
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- Urban settlement classification
- IDPs/other settlements classification

Evidence Level

- * Acceptable
- ** Medium
- *** High

ACUTE MALNUTRITION PROJECTION OVERVIEW (OCTOBER - DECEMBER 2023)

In the October to December 2023 projection period that coincides with the lean season, the acute malnutrition situation is expected to deteriorate among 29 rural livelihood zones and 9 IDP population groups. Of these, in 9 areas, the severity of acute malnutrition is expected to worsen resulting in a change in the IPC AMN phase classification for these areas. Garowe IDPs, Baidoa IDPs, Shabelle Riverine, Shabelle agropastoral and Beletweyne urban IDPs are expected to deteriorate in acute malnutrition from Serious (IPC AMN Phase 3) to Critical (IPC AMN Phase 4). Acute malnutrition is expected to deteriorate from Alert (IPC AMN Phase 2) to Serious (IPC AMN Phase 3) among Hargeisa IDPs, Bay agro-pastoral and Baidoa urban. Burao urban is expected to deteriorate from Acceptable (IPC AMN Phase 1) to Alert (IPC AMN Phase 2). On the other hand, acute malnutrition is expected to remain Critical (IPC AMN Phase 4) among Mogadishu IDPs, Elberde Southern Inland Pastoral of Elbarde district (Bakool). Moreover, among Mogadihu urban, Dolow urban and South Gedo agropastoral, acute malnutrition is expected to remain within Serious Phase (IPC AMN Phase 3). Further deterioration of acute malnutrition in Mogadishu IDPs in the projection period may be mitigated by the availability and increased coverage of treatment and preventive services. In Galkayo urban, a slight improvement in acute malnutrition is expected, however, it is likely to remain Critical (IPC AMN Phase 4).

The expected deterioration in acute malnutrition in the above areas is attributed to the expected scale-down of humanitarian and social protection programs due to limited funding. This will likely lead to a reduction of health and nutrition services that prevent or mitigate acute malnutrition. In riverine areas, flooding due to El Niño rains may increase disease burden such as acute watery diarrhea, cholera, malaria, and acute respiratory tract infections (ARI) among children and compromise hygiene and sanitation. Furthermore, in most of parts of central and southern Somalia, the expected deterioration in acute malnutrition is due to anticipated concurrent shocks (flood, cholera, and conflict) in Afmadow, Baydaba, Xudur, Wanla Weyne, Jowhar, Jalalaski, Bule Burto, Belet Weyne. In some of these districts, access to treatment for moderate and severe acute malnutrition among children is already low and likely to remain low or worsen as the projection period progresses.

Key Assumptions

Humanitarian and social protection programs: Due to limited funding, availability of vital humanitarian health and nutrition services will be restricted. Additionally, blanket supplementary feeding program (BSFP) will be discontinued as of September 2023. However, funding will continue for Banadir IDPs for treatment and prevention services.

Health services & health environment: El Niño rains during the October to December 2023 Deyr season will likely result in flooding, population displacement, compromising WASH practices, increased risk of diseases outbreaks, damage to infrastructure, reduced access to health facilities and outreach services, particularly in riverine areas.

Caring and feeding practices are sub-optimal in many areas and will be further affected due to limited funding.

Food Security: access to goat milk is expected to improve due to improved livestock production conditions. However, cattle and camel milk availability will remain limited to due to the extended impact of previous droughts. Food prices are likely to remain generally stable or increase slightly. However, in the northwest region, moderate price increases are anticipated due to the ongoing depreciation of the local currency (SLS).

Diseases (including potential outbreaks): Increased disease burden is expected because of flooding. In Jubbaland State, cholera vaccination campaign is will take place before the start of the projection period. Similarly, in the northwest (Somaliland), vitamin A, polio and deworming campaign is also expected.

Children's dietary intake: minimum acceptable diet among children will likely remain low due to low milk access in pastoral livelihoods and low food stocks in agropastoral livelihoods, as well as limited humanitarian assistance.

Conflict: Military operations against insurgents is expected to lead to increased humanitarian needs in central and southern Somalia. Conflict will also restrict access to humanitarian assistance and other essential services.

LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

Despite the general improvement in the prevalence of acute malnutrition in Somalia, high acute malnutrition (15 percent or higher Global Acute Malnutrition) is persistent in most of the areas . Improvement is due to improved harvest in the Gu season upon better rainfall performance in the agropastoral areas while improving body condition for the animals fetching better prices and food access. The impact of the previous drought still affects adequate food availability in both pastoral and agropastoral areas where milk availability remains limited as calving and kidding are expected from the month of September. Some areas such as the northwest region experienced moderate price increases due to the ongoing depreciation of the local currency (SLS) reducing the purchasing power at the household level and compromising household access to food due to income constraints and elevated food prices. Low coverage of humanitarian assistance and further expected scale-down in the projection period increase the risk of malnutrition and food insecurity. These food consumption factors have contributed to inadequate food intake and consumption of low-diversified diets that led to the high prevalence of acute malnutrition and the sustained critical level of acute malnutrition observed in children less than 5 years of age.

THE ROLE OF HUMANITARIAN FOOD ASSISTANCE

Humanitarian Food Assistance (HFA) in the analysis includes both unconditional transfers (cash or vouchers) and conditional and season-specific cash transfers to provide immediate availability and access to food while supporting rehabilitation and establishment of critical community assets and infrastructure. It also includes Cash+ activities that are undertaken to improve availability and access to food by enabling vulnerable households to get back into production, sustain animal health, and avert further livelihood asset depletion.

Sustained provision of scaled-up food and non-food humanitarian assistance has prevented the worsening of food security and nutrition outcomes in many areas. However, the provision of humanitarian food and cash assistance has been declining since January 2023, mostly reflecting funding constraints. Between January and March 2023, food and cash assistance reached an average of 4.4 million people per month, declining to 3.6 million people per month between April to June 2023. Funding shortages have already forced the humanitarian partners to scale down their response, prioritizing the most vulnerable in areas with the greatest severity of needs. Humanitarian assistance is expected to decline further between October to December 2023 if additional funding is not secured.

While food and cash assistance rations provided during the analysis period cover up to 80 percent of the kilocalorie requirements, due to the practice of sharing rations among community and clan members, the impact is likely to be diluted. Accordingly, the IPC acute food insecurity mapping shows grey bags, reflecting 25-50 percent coverage of kilocalorie requirements, instead of dark bag which is applicable when rations cover 50 percent or more of kilocalorie requirements.
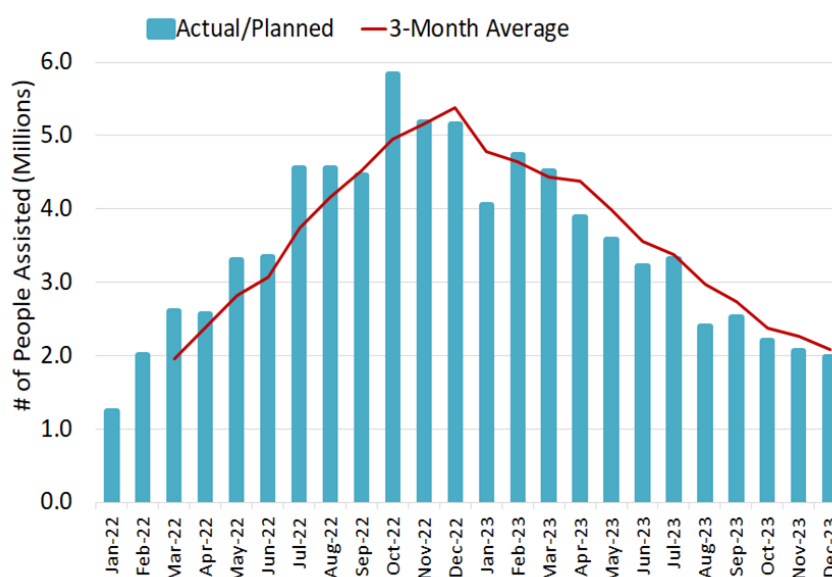
In terms of nutrition and health, a total of 363,914 children with severe acute malnutrition and 799,665 children with moderate acute malnutrition have been treated, in addition to 305,603 moderately malnourished pregnant and breastfeeding women. On the other hand, only 37 of the 74 total districts have benefited from Blanket Supplementary Feeding Programmes, with a focus on food insecure/vulnerable population.

In terms of water, sanitation and hygiene, a total of 2.4 million people were supported through various interventions (sustainable water supply: 1.1 million; emergency water supply: 1.4 million; improved sanitation services: 446,000; hygiene kits and hygiene promotion: 1.7 million)

Humanitarian assistance must be sustained through the end of 2023 to prevent Crisis (IPC AFI Phase 3) or Emergency (IPC AFI Phase 4) outcomes for approximately 4.3 million people across Somalia that face high levels of acute food insecurity (IPC Phase 3 or above) between October and December 2023. Livelihood support is also required for people that have been classified in Stressed (IPC Phase 2) or above.

Moreover, urgent treatment and nutrition support are required for approximately 1.5 million children under the age of five years (total acute malnutrition burden), who will likely face acute malnutrition through July 2024, including 330,630 likely to be severely malnourished.

Overview of gender and food insecurity aspects

CARE Somalia conducted Gender Analysis focused on the impacts of food insecurity and drought in February to March 2023 in two pastoral livelihoods zones in central Somalia with one of the objectives being to integrate sex disaggregation of qualitative and quantitative data into a gender analysis within the IPC analysis process and highlight how integrating pre-existing vulnerabilities related to gender norms could influence global understandings of food insecurity and potentially strengthen strategic responses. The study adopted a mixed methods approach that included tools from the following: CARE's Rapid Gender Analysis Toolkit, Gender Equality for Food Security Tool (GE4FS), Food Insecurity Experience Scale (FIES), FIES-based Household Hunger Scale (HHS), and Reduced Coping Strategy Index (rCSI).

As part of its gender study, CARE Somalia conducted representative surveys as well as applied qualitative tools in Hawd Pastoral and Addun Pastoral livelihoods Zones (LZ) in central Somalia, covering Goldogob, Abudwak, Jariiban and Dhusamareb districts. These districts fall under two different regions and two Federal Member States which is a clear indication that livelihoods zones cut across administrative boundaries.

Livelihood Zone	Districts	Survey Sample Size (Individual level)		Survey Sample Size (House-hold Level	
		Male	Female	Male HH	Female HH
Hawd Pastoral (Zone 5)	1.Galdogob	315	459	322	473
	2. Abudwak				
Addun Pastoral (Zone 9)	1. Jariiban	356	489	319	505
	2. Dhusamareb				
Total		671 (41%)	948 (59%)	641 (39%)	978 (61%)

The IPC gender analysis pilot was conducted concurrently with the Acute Food Insecurity Analysis. The data used for the gender analysis were primarily provided by CARE Somalia.

	Unit of analysis	rCSI IPC				HHS					
		P1	P2	P3>		P1	P2	P3	P4	P5	
	Livelihood zone	No or low coping	Medium coping	High coping	Indicative Phase	None (0)	Stressed (1)	Crisis (2-3)	Emergency (4)	Catastrophe (5-6)	Indicative Phase
CARE	Hawd Pastoral	1 2%	24 4%	74 4%	Phase 3+	2 3%	5 4%	71 1%	13%	8%	Phase 4
	Addun Pastoral	0 8%	25 8%	73 4%	Phase 3+	3 4%	6 6%	56 5%	22%	12%	Phase 4
Hawd Pastoral	Male	1 6%	16 8%	81 6%	Phase 3+	2 6%	2 0%	67 8%	18 8%	8 9%	Phase 4
	Female	9%	29 4%	69 8%	Phase 3+	2 1%	7 7%	73 2%	10 0%	7 0%	Phase 3
Addun Pastoral	Male	3%	19 3%	80 4%	Phase 3+	2 4%	8 5%	53 5%	22 7%	13 0%	Phase 4
	Female	1 2%	30 1%	68 7%	Phase 3+	4 0%	5 4%	58 4%	20 9%	11 2%	Phase 4

The tables above show the food security situation of the two household groups by IPC Phase. The two Livelihood zones have the same overall classification (IPC Phase 4), but a larger proportion of households in Addun Pastoral were in more severe phases compared to Hawd Pastoral. However, when disaggregating the analysis by gender, within Hawd Pastoral livelihood, households led by men are in more severe phases and are classified in Emergency (IPC Phase 4) than households led by women which are classified in Crisis (IPC Phase 3).

Furthermore, there are notable intra-IPC phase differences in both Livelihood Zones and across indicators. By example, HHS classifies more women-headed households in IPC Phase 2 and 3 in Hawd, however, this trend inverted during IPC Phase 4 (Emergency), where a marked rise in acute food insecurity reports emerged from male-headed households. The variance in food insecurity data across phases indicates a dynamic whereby impacts are determined not only by sex of household head, but also informed by potentially compounding impacts over time and severity of the crisis reflecting how coping strategies may be adjusting for different people in different ways within the continuum of the IPC phases.

In the Hawd LZ, rCSI shows that male-headed households have a higher tendency to utilize food-based coping strategies compared to female-headed households, which show a 12% lesser rate in this regard. Similarly, in the Addun LZ, the rCSI reveals a trend akin to Hawd LZ, with a disparity of approximately 12%. The Household Hunger Scale (HHS) mirrors the trend observed in the rCSI data in Hawd LZ: male-headed households more frequently resorting to extreme hunger-mitigation strategies, such as enduring a day and night without food, consequently being classified in IPC phase 4. In contrast, female-headed households are classified into IPC phase 3. In Addun livelihood zone, HHS both household groups are converging to IPC Phase 4, however looking closely in the data male headed households are indicating higher proportions in IPC Phase 4+ and 5(35.7%) while female headed households are 4% less. Notably, upon conducting statistical significance tests at a 95% confidence level between the two groups using the Household Hunger Scale (HHS) as the outcome indicator, it becomes apparent that the disparity between the two groups is significant exclusively in the Hawd Livelihood Zone (LZ). This is demonstrated in the table below, particularly for IPC phases 3+ and 4+.

Livelihood Zone	Gender/IPC Phase	IPC2+	IPC3+	IPC4+	IPC5
Hawd Pastoral	Male	97.50%	95.50%	27.70%	8.90%
	Female	97.90%	90.20%	17.00%	7.00%
	Difference	-0.40%	5.30%*	10.70%*	1.90%
Addun Pastoral	Male	97.70%	89.20%	35.70%	13.00%
	Female	95.90%	90.50%	32.10%	11.20%
	Difference	1.80%	-1.30%	3.60%	1.80%

Qualitative data collected in the mixed methods study suggested several factors that may have driven male-headed households in Hawd livelihood zone to report higher-levels of food insecurity at the individual and household level. The influence of humanitarian aid targeting strategies, pre-existing food consumption and distribution inequalities, khat consumption, and livelihood stress arose as potential variables influencing gendered food insecurity outcomes. It remains vital to undertake further gender-disaggregated research to validate the credibility of these theories or to identify any other potential underlying factors that may explain the observed disparities between the two groups.

The gender disaggregated data in the two livelihoods points to a notably interesting observation as highlighted below that may require further study in other livelihoods of Somalia.

Shifting Gender roles and responsibilities: Drought conditions and the associated collapse of core livelihood pathways due to the loss of livestock has severely impacted traditional roles in the two pastoral livelihoods. According to male and female respondents, the loss of livestock has had a ripple effect on food availability, nutritional diversity, and financial resources, and has contributed to adaptations in men's and women's roles and responsibilities. Specifically, men are no longer occupied with tending and caring for livestock while women and girls no longer have by-products such as ghee, milk, and hides to prepare or sell. Thus, men prioritized migration to urban centers seeking labor, mainly in construction, while more women also reported seeking casual day labor to supplement household income.

Shifting decision-making: Within Somali family systems, whether in monogamous or polygamous households, men are regarded as central figures of the household responsible for providing for and making decisions for the household. However, male and female respondents from this RGA indicated that as the economic participation of women increases, their participation in decision-making within the household was also increasing. Given the intensifying economic strain on the household due to the loss of livestock and livelihood opportunities, women have additionally increased their economic participation in the household by securing employment and in some cases adopting the role as main breadwinner. While at the same time, social and cultural expectations of masculinity place continued pressures on men to provide leadership in the household that simultaneously led to reports of increased tensions within the household and heightening the risk for gender-based violence.

Access and control of resources and services: According to the data, differences in aid access and livelihood changes play an important role in food insecurity patterns. For instance, male and female respondents reported being accustomed to food security programs active in the area that prioritized women. A previous CARE gender analysis in Somalia found that for those households reporting to have received assistance within the 30 days preceding the assessment, the assistance was largely collected by women. Men added that not only are women the first recipients of food assistance, but they also have control over the food received because it's women's responsibility to manage food within households. This could suggest that while traditionally men have preferential access to resources and institutions, in times of crisis when these structures are compromised, men's access to food increasingly depends on women's access to humanitarian food assistance.

Alongside data from CARE, the 2023 Gu IPC analysis used food security, nutrition, and livelihood information collected by FSNAU in the study locations. Specifically, FSNAU conducted the 2023 Post Gu (June and July) food security and nutrition seasonal assessment based on which IPC analysis was conducted in August 2023 for the entire country (including the two livelihoods covered by the CARE study). Area-level food security analysis conducted for these two livelihoods showed a relatively better food security outcome compared to the outcomes reported in CARE'S assessment which was conducted during the dry Jilaal season (January-March 2023). The time difference of data collection may explain the differences noted between the results from the CARE and FSNAU assessments. Additionally, this can be attributed to differences in food security data (indicators) coverage between the CARE study and FSNAU Post Gu assessments. CARE collected data from about double the number of respondents and applied three food security outcomes (HHS, FIES and rCSI) while FSNAU used a robust but comparatively lower sample size than CARE and collected several additional food security outcomes, including food consumption (FCS, HHS, HDDS, rCSI), livelihoods change, nutrition (GAM) and mortality (CDR and U5DR). According to the 2023 Post Gu IPC analysis, the Area classification for Hawd and Addun of are both classified in Crisis (IPC Phase 3), with no sex disaggregation of the results.

Hawd pastoral -Central						
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Indicative Phase
FCS	67%		30%	2%		3
Rcsi	2%	81%	17%	0%		2
HDDS	95%		5%	0%		1
HHS	3%	14%	82%	1%		3
FC Phase		25-45%	15-30%	0%	0%	2
LC	0%	46%	28%	26%		3
FS phase		30-50%	15-30%	0-10%	0%	3
W/H			11%			2
Muac	0					1
CDR	0 4					1
<5 CDR	0 7					1
Popula-tion	35%	40%	20%	5%	0%	IPC 3 with bag
Projection	35%	50%	15%	0%		IPC 3

Addun-Pastoral Central						
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Indicative Phase
FCS	67%		30	3%		3
Rcsi	1%	55%	44%	0%		3
HDDS	90%		10%	0%		1
HHS	1%	32%	68%	0%	0%	3
FC Phase		30-45%	25-40%	0%	0%	3
LC	0%	15%	40%	45%		4
FS phase		30-45%	25-40%	0-15%	0%	IPC 3 with bag
W/H			13%		2	
Muac					1	
CDR	0 4%				1	
<5 CDR	0 8%				1	
POPULA-TION	25%	35%	30%	10%	0%	IPC 3 with bag
Projection	30%	40	30%	0%	0%	3

RECOMMENDATIONS FOR ACTION

Response Priorities

Acute Food Insecurity

- **Anticipatory/ Early Action:** Provide timely multi-sectoral support to vulnerable communities in riverine areas to mitigate the potential adverse impact of El Niño-related flooding during the Oct-Dec Deyr rainy season.

- **Lifesaving Humanitarian Response:** Urgent funding is required for multi-sectoral humanitarian assistance for Food Security, Nutrition, Health, and WASH programmes. Treatment for children, pregnant and breastfeeding women suffering from acute malnutrition.

- **Livelihood Support:** Livelihoods support is required for populations that are classified in Stressed or worse (IPC Phase 2 or above.

- Expand Access to Health Services: Strengthen the access to preventative services, with a focus on immunization, micronutrient supplementation, treatment of childhood diseases, and access to clean water and hygiene services.

- **Social Protection Programmes:** Expand social protection programmes in both urban and rural areas to address predictable needs. Scale-up social protection programs targeting the most vulnerable and at-risk households.

- **Improved Aid Delivery:** Improved targeting of humanitarian assistance to ensure assistance is reaching the people most in need, including marginalized communities and inaccessible locations. There is also a need for an enhanced area-based integrated strategy that combines sectoral interventions to improve humanitarian outcomes and maximize impact. Close collaboration between humanitarian and development actors (HDP Nexus approach) is needed to support diverse and layered livelihood-based interventions that tackle the underlying causes of acute food insecurity and malnutrition.

- **Durable Solutions:** Somalia needs a balanced two-pronged approach that combines both addressing immediate humanitarian needs and investment in early recovery and resilience programming. Strengthen early warning and anticipatory actions and investment in climate-resilient agriculture and food systems to enhance households' capacity to mitigate risks and shocks. Concerted efforts must be exerted to address insecurity, conflict, and protracted population displacement.

Situation monitoring and update

The food security and nutrition situation across Somalia will continue to be monitored throughout the projection period. The 2023 Deyr season countrywide food security and nutrition assessments will be conducted in November and December 2023, covering rural, displaced, and urban populations across Somalia. ra

Risk Factors to Monitor

- 2023 Deyr season rainfall performance and likely impacts on crop and livestock production, including pasture and water availability, livestock body conditions, births, and milk availability.

- Food insecurity among displaced and other vulnerable population groups.

- Food prices, water prices, livestock prices, wage rates, and terms of trade.

- Insecurity and conflict and likely impact on food security and nutrition.

- Population displacement due to flooding and conflict/insecurity.

- Admission of acutely malnourished children to treatment and feeding centers.

- Immunization and vaccination coverage.

- Disease outbreaks, including AWD/cholera and measles.

- Coverage of and access to humanitarian assistance, including food security, nutrition, WASH and health.

PROCESS AND METHODOLOGY

Through collaboration between the Food Security and Nutrition Analysis Unit (FSNAU/FAO), government line ministries and other partner institutions, the 2023 Post Gu food security and nutrition assessments were conducted between June and August 2023, covering rural, urban, and displaced populations (IDPs) across Somalia. The purpose of the assessment was to gather information and data required for food security and nutrition situation analysis. A total of 36 integrated food security and nutrition surveys were implemented based on Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology. In addition, 6 MUAC surveys were conducted. Through household surveys, the nutritional status a total of 25,581 boys and girls aged between 6 and 59 months were assessed. A total of 2,457 IDP households, 2,215 urban households and 4,086 rural households were contacted for food security related information. Qualitative and rapid rural, urban and IDP assessments were also conducted in June and July 2023 from 2,293 respondents to generate additional information, including on crop and livestock production, and climatic conditions. The data generated made sector-specific (climate, civil insecurity, market, livestock, and agriculture) analysis possible. Data collection and analysis were done at Livelihood zone level which cut across administrative regions.

IPC Acute Food Insecurity (IPC AFI) and IPC Acute Malnutrition (IPC AMN) analyses were conducted concurrently in Hargeisa, Garowe, and Mogadishu from 14 to 24 August 2023, bringing together 145 IPC trained experts representing 69 institutions. The 145 participants were drawn from Government (54), Local Universities (3), UN (46), NGOs (30), and other Technical Partners (12). Participants in the three locations were also connected virtually to facilitate plenary discussions. As per the IPC standard protocols and procedures, the analysis incorporated data from multiple sources including food security outcome indicators and contributing factors related to food security, nutrition, water, sanitation, and health from various organizations. During the workshop, the assessment data were analyzed, presented, and vetted. This was followed by consolidation of the results into IPC population tables and maps.

Technical experts from government bodies, the United Nations, non-governmental organizations, and the IPC Global Support Unit (GSU) played a co-facilitation role throughout the analysis process. Through its tools and protocols, IPC provided technical guidance and ensured high quality of the whole analysis process. The findings were presented to the IPC Core-Group for endorsement before presentation of the final results to the government, UN and donors.

The IPC analysis used a population estimate of 16.9 million people. Disaggregated population data at the sub-district level was available for rural livelihoods, urban areas, and displaced populations. The IPC analysis results were applied to the respective populations within the livelihood zones at the district level and, when necessary, aggregated at the district, regional, or national levels.

Sources

Somalia's 2023 Post Gu IPC analysis utilized data from both primary and secondary sources. Primary data sources included:

- Somalia 2023 Post Gu countrywide integrated food security, nutrition, and mortality assessment, covering rural, urban, and displaced populations (FSNAU-led).
- Somalia 2023 Post Gu countrywide comprehensive rural and rapid IDP and urban food security assessments (FSNAU-led).
- CARE Gender-based disaggregated data for Hawd & Addun pastoral livelihoods.

Analysis of the post-Gu 2023 assessment data were supplemented and triangulated with data from secondary sources, including:

- UNHCR's PRMN (Protection and Return Monitoring Network) data on population movement.
- FSNAU/FEWS NET data on market prices.
- USGS Rainfall and Vegetation Cover (NDVI) data.
- Climate Hazards Group InfraRed Precipitation with Station data (CHIRPS).
- FAO SWALIM data on River Levels.

- IGAD/ICPAC GHACOF65 October-December 2023 Rainfall Forecast.
- C3S/ECMWF (EU) and NMME (USA) October-December 2023 Rainfall Forecast.
- Data on Humanitarian Assistance Provided by the Food Security and Nutrition Clusters.
- Somalia Livelihood Profiles, FSNAU/FEWS NET 2016.
- Revised 2022/2023 district-level population estimates, and breakdown provided by WHO/OCHA, used in the preparation of the 2022 Somalia Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP).
- WFP Food Security Outcome Monitoring results.
- The Armed Conflict Locations & Event Data Project (ACLED).
- CMAM programme coverage surveys.
- Somalia National Bureau of Statistics (SNBS) for data on CPI and inflation.

Limitations of the analysis

The population data used in the analyses is a district-level 2023 estimate by OCHA/UNICEF/WHO. These estimates were generated in the preparation of the 2023 Somalia Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP).

Due to security and access difficulties, food security and nutrition outcome indicators data could not be collected in certain parts of southern Somalia. For these areas, food security and nutrition outcomes were estimated/extrapolated by considering data from similar neighboring livelihoods, historical data, and current contributing factors.

Limited availability of evidence on underlying and immediate drivers of acute malnutrition, such as child consumption indicators could help triangulate with household-level food security indicators and help explain the situation further.

What are the IPC, IPC Acute Food Insecurity and IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, Acute Food Insecurity and Acute Malnutrition are defined as any manifestation of food insecurity or malnutrition found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. The IPC Acute Food Insecurity Classification is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact the determinants of food insecurity. The IPC Acute Malnutrition Classification's focus is on identifying areas with a large proportion of children acutely malnourished preferably by measurement of Weight for Height Z-Score (WHZ) but also by Mid-Upper Arm Circumference (MUAC).

Contact for further Information

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This analysis has been conducted under the patronage of the Somalia IPC Core Group. It has benefited from the technical and financial support of USA, UK, EU, Sweden, Switzerland and Slovenia provided through FSNAU/FAO.

Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC , FAO, FEWS NET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

IPC Analysis Partners:
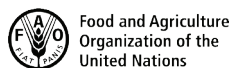
ANNEX 1: COMPARATIVE ANALYSIS OF GAM PREVALENCE BETWEEN 2023 GU AND 2022 GU BY UNIT OF ANALYSIS

Population Group	GAM Prevalence		Difference in GAM Prevalence	
	2023 Gu % (95% CI)	2022 Gu % (95% CI)	2023 Gu – 2022 Gu	ρ-value
East Golis Pastoral	9,3 (6,8-12,7)	11,1 (8,0-15,2)	-1.8	>0,05
Bosasso IDPs (Bari)	18,9 (15,6-22,6)	17,2 (13,4-21,8)	3.0	>0,05
Bosasso Urban (Bari)	14,4 (10,2-19,8)	11,3 (8,2-15,5	-2.8	>0,05
Northern Inland Pastoral NE	5,2 (3,4- 7,9)	19,0 (15,0-23,8)	-6.1	0.004
Hawd Pastoral -central	12,6 (9,9-16,0)	10,7 (7,5-15,0)	-6.4	0.017
Coastal Deeh NE	6,5 (3,9-10,5)	10,7 (7,5-15,0)	-4.2	0.088
Garowe IDPs (Nugaal)	13,3% (10,1-17,2)	17,2 (13,7-21,2)	-3.9	0.133
Garowe Urban (Nugaal)	5,4 (3,5- 8,0)	8,4 (6,3-11,2)	-3.0	>0,05
Galkacyo IDPs (Mudug)	19,1 (16,0-22,5)	20,6 (17,3-24,4)	-1.5	>0,05
Galkacyo Urban(Mudug)	17,6 (14,4-21,3)	13,8 (11,0-17,2)	3.8	0.061
Dhusamareb IDPs (Galgadud)	11,7 (8,9-15,3)	16,1 (12,5-20,4)	-4.4	0.092
Dhusamareb Urban (Galgadud)	12,4 (9,7-15,8)	10,6 (7,6-14,5)	1.8	>0,05
Addun Pastoral	11,0(8,4-14,3)	15,2 (11,6-19,6)	-4.2	0.090
Beletweyne Rural (riverine)	17,7 (13,7-22,5)	20,9 (16,8-25,6)	-3.2	>0,05
Beletweyne urban/IDPs	10,8 (8,8-13,1)	23,1 (19,2-27,7)	-12.3	0.000
Shabelle Riverine	12,4 (9,4-16,1)	16,8 (13,2-21,1)	-4.4	0.089
Shabelle Agropastoral	13,1 (9,8-17,4)	17,1 (12,8-22,6)	-4.0	0.184
Mogadishu urban (Banadir)	14,8 (11,5-18,9)	14,4 (11,5-18,0)	0.4	>0,05
Mogadishu IDPs (Banadir)	18,4 (14,7-22,9)	26,6 (22,2-31,4)	-8.2	0.009
Bay Agropastoral	9,8 (7,6-12,7	26,9 (21,2-33,3)	-17.1	0.000
Baidoa IDPs (Bay)	10,8 (8,8-13,2)	28,6 (24,3-33,3)	-17.8	0.000
Baidoa Urban (Bay)	9,3 (7,0-12,2)	11,3 (9,3-13,7)	-2.0	>0,05
Dolow IDPs (N Gedo)	16,1 (13,6-18,9)	18,2 (15,3-21,6)	-2.1	>0,05
Dolow Urban (N Gedo)	12,5 (9,3-16,7)	13,3 (10,6-16,6)	-0.8	>0,05
North Gedo pastoral	14,3 (11,4-17,9)	15,4 (11,6-20,2)	-1.1	>0,05
North Gedo Riverine	15,3 (12,4-18,7)	15,0 (11,6-19,2)	0.3	>0,05
Kismayu IDPs (L. Juba)	17,0 (13,8-20,8)	14,0 (11,3-17,3)	-1.2	>0,05
Kismayu Urban (L. Juba)	10,3 (7,5-14,0)	18,2 (15,0-22,0)	-3.7	>0,05

Note: The analysis in the above table was done using the SMART calculator for comparing survey results.

ANNEX 2: FOOD SECURITY OUTCOME INDICATORS BY POPULATION GROUP

Population Group / Livelihood Zone	Food Consumption Score-FCS			Housheold Dietary Diversity Score-HDDS			Reduced Coping Strategies-rCSI				Household Hunger Scale-HHS					Livelihood Coping			
	Acceptable	Borderline	Poor	Minimal - Stressed (>4)	Crisis (3-4)	Emergency (<3)	Minimal	Stessed	Crisis	Emergency - Catastrophe	Minimal	Stessed	Crisis	Emergency	Catastrophe	Minimal	Stessed	Crisis	Emergency
Baidoa IDPs	19.9%	51.7%	28.3%	86.9%	10.3%	2.8%	13.7%	37.4%	48.9%	0.0%	13.7%	16.5%	68.8%	0.3%	0.6%	12.5%	18.8%	34.4%	34.4%
Baidoa Urban	77.0%	19.8%	3.2%	96.0%	4.0%	0.0%	65.1%	21.0%	13.9%	0.0%	61.9%	15.9%	22.2%	0.0%	0.0%	65.6%	22.0%	8.0%	4.4%
Bossaso IDPs	12.0%	59.5%	28.5%	49.6%	49.2%	1.2%	65.7%	34.3%	0.0%	0.0%	55.8%	26.4%	17.4%	0.4%	0.0%	36.0%	36.0%	21.5%	6.6%
Bossaso Urban	43.4%	38.9%	17.7%	61.9%	37.6%	0.4%	82.7%	17.3%	0.0%	0.0%	76.5%	13.3%	9.7%	0.4%	0.0%	69.5%	14.6%	8.8%	7.1%
Dhusamareb IDPs	36.1%	28.4%	35.5%	65.0%	35.0%	0.0%	9.0%	34.8%	56.1%	0.0%	12.3%	19.4%	47.1%	14.2%	7.1%	2.8%	43.0%	52.1%	2.1%
Dhusamareb Urban	57.0%	24.9%	18.1%	71.5%	28.5%	0.0%	23.5%	35.3%	41.2%	0.0%	26.7%	29.0%	27.6%	11.8%	5.0%	18.6%	52.9%	27.1%	1.4%
Dollow IDPs	84.9%	13.5%	1.6%	94.8%	5.2%	0.0%	2.8%	81.3%	15.5%	0.4%	19.8%	21.4%	58.7%	0.0%	0.0%	10.3%	16.7%	45.6%	27.4%
Dollow Urban	96.8%	2.8%	0.4%	99.2%	0.8%	0.0%	28.4%	69.2%	2.4%	0.0%	21.6%	27.6%	50.8%	0.0%	0.0%	16.8%	12.4%	28.0%	42.8%
Galkayo IDPs	40.7%	56.4%	2.9%	91.1%	8.9%	0.0%	0.4%	80.7%	18.9%	0.0%	1.4%	20.0%	77.9%	0.7%	0.0%	0.0%	1.8%	55.7%	42.5%
Galkayo Urban	66.3%	31.3%	2.4%	96.8%	3.2%	0.0%	2.8%	77.8%	19.4%	0.0%	7.1%	16.7%	76.2%	0.0%	0.0%	9.5%	26.6%	50.4%	13.5%
Garowe IDPs	85.1%	14.0%	0.9%	98.2%	1.8%	0.0%	67.5%	32.5%	0.0%	0.0%	48.7%	18.9%	32.5%	0.0%	0.0%	47.8%	24.1%	27.6%	0.4%
Garowe Urban	96.5%	3.5%	0.0%	100.0%	0.0%	0.0%	70.8%	29.2%	0.0%	0.0%	56.9%	14.4%	28.7%	0.0%	0.0%	55.0%	42.1%	3.0%	0.0%
Kismayo IDPs	78.3%	18.0%	3.7%	70.2%	29.8%	0.0%	37.9%	37.9%	21.3%	2.9%	39.3%	7.0%	52.9%	0.4%	0.4%	48.2%	20.2%	25.7%	5.9%
Kismayo Urban	95.5%	3.7%	0.8%	92.3%	7.7%	0.0%	58.1%	26.4%	15.4%	0.0%	59.3%	3.7%	37.0%	0.0%	0.0%	25.2%	42.7%	9.3%	22.8%
Mogadishu IDPs	82.1%	13.7%	4.2%	85.9%	14.1%	0.0%	19.4%	37.6%	41.8%	1.1%	27.0%	29.7%	41.1%	0.8%	1.5%	19.0%	33.8%	37.6%	9.5%
Mogadishu Urban	99.5%	0.5%	0.0%	99.5%	0.5%	0.0%	85.5%	12.3%	2.3%	0.0%	87.7%	7.3%	5.0%	0.0%	0.0%	53.2%	39.1%	4.5%	3.2%
Hargeisa IDPs	35.0%	19.1%	45.8%	83.8%	14.8%	1.4%	67.3%	20.5%	12.2%	0.0%	66.9%	14.0%	18.3%	0.4%	0.4%	74.3%	12.7%	9.1%	4.0%
Hargeisa Urban	48.8%	15.2%	36.0%	91.9%	7.7%	0.4%	84.2%	11.6%	4.2%	0.0%	84.5%	3.2%	11.6%	0.4%	0.4%	92.5%	2.1%	2.5%	2.9%
Beletweyne IDPs	100.0%	0.0%	0.0%	94.6%	5.4%	0.0%	48.2%	39.8%	12.0%	0.0%	34.9%	7.8%	57.2%	0.0%	0.0%	44.5%	50.6%	4.9%	0.0%
Beletweyne Urban	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	64.5%	27.4%	8.1%	0.0%	37.1%	27.4%	35.5%	0.0%	0.0%	54.1%	44.3%	1.6%	0.0%

Population Group / Livelihood Zone	Food Consumption Score-FCS			Housheold Dietary Diversity Score-HDDS			Reduced Coping Strategies-rCSI				Household Hunger Scale-HHS					Livelihood Coping			
	Accept-able	Borde-line	Poor	Minimal - Stressed (>4)	Crisis (3-4)	Emer-gency (<3)	Minimal	Stessed	Crisis	Emergency - Catastro-phe	Minimal	Stessed	Crisis	Emer-gency	Ca-tastro-phe	Mini-mal	Stessed	Crisis	Emer-gency
Guban Pastoral	84.4%	11.7%	3.9%	96.9%	3.1%	0.0%	68.0%	12.1%	19.1%	0.8%	65.6%	17.2%	17.2%	0.0%	0.0%	37.6%	38.8%	9.4%	14.1%
West Golis Pastoral	64.5%	29.0%	6.6%	84.6%	15.4%	0.0%	61.4%	38.6%	0.0%	0.0%	90.0%	3.5%	6.2%	0.4%	0.0%	49.0%	30.5%	19.7%	0.8%
NorthWest Agropastoral	77.7%	20.1%	2.2%	89.5%	10.5%	0.0%	69.7%	29.4%	0.9%	0.0%	86.1%	6.2%	7.7%	0.0%	0.0%	32.8%	60.6%	5.6%	0.9%
Northwest Hawd Pastoral	62.7%	35.6%	1.7%	98.7%	1.3%	0.0%	51.9%	48.1%	0.0%	0.0%	70.0%	20.2%	9.9%	0.0%	0.0%	44.6%	54.1%	1.3%	0.0%
Northeast Hawd Pastoral	67.1%	30.4%	2.4%	95.2%	4.8%	0.0%	2.1%	80.6%	17.3%	0.0%	2.8%	14.2%	82.4%	0.7%	0.0%	0.0%	46.2%	27.8%	26.0%
Northeast East Golis	33.0%	29.5%	37.5%	61.0%	39.0%	0.0%	78.0%	19.3%	2.7%	0.0%	82.6%	8.7%	8.7%	0.0%	0.0%	14.2%	51.5%	22.3%	11.9%
Coastal Deeh Pastoral	31.8%	26.8%	41.3%	54.7%	45.3%	0.0%	66.5%	33.5%	0.0%	0.0%	66.5%	10.1%	23.5%	0.0%	0.0%	57.5%	29.1%	5.0%	8.4%
Addun Pastoral	66.6%	30.3%	3.2%	89.9%	10.1%	0.0%	0.6%	55.2%	44.2%	0.0%	0.6%	31.5%	67.8%	0.0%	0.0%	0.0%	14.8%	39.7%	45.4%
Northwest Northern Inland Pastoral (NIP)	94.2%	5.4%	0.4%	98.8%	1.2%	0.0%	66.9%	31.5%	1.5%	0.0%	97.3%	2.7%	0.0%	0.0%	0.0%	41.2%	58.8%	0.0%	0.0%
Gedo Pastoral	99.2%	0.8%	0.0%	99.2%	0.8%	0.0%	2.0%	83.7%	14.3%	0.0%	3.6%	22.3%	74.1%	0.0%	0.0%	1.6%	2.0%	13.1%	83.3%
Gedo Riverine	96.8%	2.1%	1.1%	95.7%	3.9%	0.4%	1.1%	91.1%	7.8%	0.0%	6.8%	41.6%	51.6%	0.0%	0.0%	3.9%	22.8%	23.1%	50.2%
Shabelle Riverine	99.1%	0.9%	0.0%	99.1%	0.9%	0.0%	39.1%	40.0%	20.9%	0.0%	52.3%	25.9%	21.4%	0.5%	0.0%	39.5%	4.1%	49.1%	7.3%
Shabelle Agropastoral	94.7%	4.9%	0.5%	98.5%	1.0%	0.5%	42.2%	41.7%	16.0%	0.0%	49.5%	23.3%	26.7%	0.5%	0.0%	31.6%	6.8%	50.0%	11.7%
Bay Agropastoral	68.1%	29.3%	2.5%	99.3%	0.7%	0.0%	54.7%	33.0%	12.3%	0.0%	52.9%	15.2%	31.9%	0.0%	0.0%	36.0%	21.1%	30.2%	12.7%

ANNEX 3: LIST OF ACUTE MALNUTRITION MAJOR CONTRIBUTING FACTORS

Legend

- **VERY HIGH** risk factor (dark red)
- **HIGH** risk factor (red)
- **MEDIUM** risk factor (orange)
- **LOW** risk factor (yellow)
- **VERY LOW** risk factor (light green)
- **No data available** (dark grey)
- **Not a risk factor** (white)

Column headers (left to right):

Guban Pastoral · West Golis Pastoral · Northwest Agropastoral · Northern Inland Pastoral of Northwest · Hawd Pastoral of Northwest · Hargeisa IDP · Hargeisa Urban · East Golis · Beletweyne District · Beletweyne Urban & IDP · Galgadud IDPs · Galgadud Urban · Juba Riverine · Juba Cattle Pastoral · Kismayu Urban · Kismayu IDP (L. Juba) · Mogadishu urban (Banadir) · Mogadishu IDPs (Banadir) · Juba riverine (Non accessed) · Shabelle Agropastoral · North Gedo Pastoral · Dolow IDPs (Gedo) · Dolow Urban (Gedo) · North Gedo-Riverine · Shabelle Riverine · South Gedow pastoral · South Gedow Agropastoral · South Gedow Riverine · North Gedo Riverine

Food Consumption

Factor	(risk values across the 29 districts listed above)
Minimum Dietary Diversity (MDD)	No data available (all districts)
Minimum Meal Frequency (MMF)	No data available (all districts)
Minimum Acceptable Diet (MAD)	No data available (all districts)
Minimum Dietary Diversity – Women (MDD-W)	No data available (all districts)

Diseases

Factor	Risk pattern
Diarrhoea	Low / Very Low / Medium / High across western districts; Very High in Shabelle Agropastoral, Shabelle Riverine and South Gedow Riverine
Dysentery	Mostly No data; Not a risk factor around Galgadud; Low/Medium around Mogadishu
Malaria/fever	High in Guban and Hargeisa Urban; Medium/Low across central; Very High / High in Shabelle and Gedo regions (east/south)
Acute Respiratory Infection (ARI)	Low/Very Low across northwest; High in Mogadishu urban & IDPs; Very High in Shabelle Agropastoral, Shabelle Riverine, South Gedow Riverine
HIV/AIDS	No data across most; Very Low in South Gedow districts
Cholera or Acute Watery Diarrhoea (AWD)	No data across northwest; High in Juba Riverine / Juba Cattle Pastoral / Kismayu; Very High in South Gedow / Shabelle Riverine
Measles (outbreak)	Low/Medium across northwest; High in Juba Riverine/Juba Cattle Pastoral/Kismayu; Very High at South Gedow Riverine

Food dimensions Outcome of IPC analysis

	Low/Medium in scattered districts; High in Juba Riverine; Very Low in Galgadud and Dolow; Very High in Shabelle Riverine area

Caring and feeding practices

Factor	Risk pattern
Exclusive breastfeeding under 6 months	No data across most; High in Beletweyne and Juba Riverine / Juba Cattle / Kismayu
Continued breastfeeding at 1 year	Very High in Beletweyne District and Beletweyne Urban & IDP; Medium in Juba/Kismayu
Continued breastfeeding at 2 years	Medium in Beletweyne and Juba/Kismayu districts
Introduction of solid, semi-solid or soft foods	Low in Juba Riverine/Juba Cattle/Kismayu

Health services and health environment

Factor	Risk pattern
Measles vaccination	Very High across northwest districts (Guban through Beletweyne); Very Low Galgadud; High/Medium in Shabelle and Gedo; Low in South Gedow
Polio vaccination	Very Low northwest; High in central; Very High Beletweyne; High in Mogadishu IDPs; High/Very High in Gedo and South Gedow
Vitamin A supplementation	Low/Medium northwest; High East Golis; Very High Beletweyne Urban & IDP; High Mogadishu IDPs; Very High Dolow/North Gedo-Riverine
Skilled birth attendance	No data northwest; Very High Beletweyne Urban & IDP; High/Medium in Gedo; Very Low Dolow Urban; High/Very High South Gedow
Health seeking behaviour	No data across most; Medium/High in Gedo districts

Legend: VERY HIGH risk factor (dark red) · HIGH risk factor (red) · MEDIUM risk factor (orange) · LOW risk factor (yellow) · VERY LOW risk factor (light green) · No data available (grey) · Not a risk factor (white)

Cell value key: VH = Very High · H = High · M = Medium · L = Low · VL = Very Low · ND = No data · (blank) = Not a risk factor

Dimension	Indicator	Hiran	Bay Agropastoral	Baidoa IDPs (Bay)	Baidoa Urban	Elberde Southern Inland Pastoral	Nothern Inland Pastoral of Northeast	Bosao IDPs Bari	Bosaso Urban (Bari)	East Golis Pastoral (Cross cutting livelihood)	Coastal Dee pastoral of North east	Garowe IDPs Nugaal	Garowe Urban Nugaal	Hawd pastoral of Central	Addun Pastoral	Galkayo IDPs Mudug	Galkayo urban Mudug
Food Consumption	Minimum Dietary Diversity (MDD)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Minimum Meal Frequency (MMF)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Minimum Acceptable Diet (MAD)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Minimum Dietary Diversity – Women (MDD-W)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Diseases	Diarrhoea	M	M	M	M	M	H	H	H	H	H	H	H	H	H	H	H
	Dysentery	ND	L	L	L	L	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Malaria/fever	M	M	M	M	M	M	M	M	M	H	H	H	H	H	H	H
	Acute Respiratory Infection (ARI)	VL	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
	HIV/AIDS	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Cholera or Acute Watery Diarrhoea (AWD)	ND	VL	M	L	VL	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Measles (outbreak)	VL	H	H	H	M	H	H	H	H	H	H	H	H	H	H	H
Food dimensions Outcome of IPC analysis		ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	M	M	ND	ND	ND
Caring and feeding practices	Exclusive breastfeeding under 6 months	H	ND	ND	ND	ND	H	H	H	H	H	H	H	VH	VH	VH	ND
	Continued breastfeeding at 1 year	VH	ND	ND	ND	ND	H	H	H	H	H	H	H	H	H	H	ND
	Continued breastfeeding at 2 years	M	ND	ND	ND	ND	H	H	H	H	H	H	H	H	H	H	ND
	Introduction of solid, semi-solid or soft foods	ND	ND	ND	ND	ND	H	H	H	H	H	H	H	H	M	M	ND
Health services and health environment	Measles vaccination	VH	M	ND	ND	ND	H	L	L	H	H	H	H	VH	VH	VH	ND
	Polio vaccination	VH	ND	ND	ND	ND	M	L	L	M	M	L	L	L	L	L	ND
	Vitamin A supplementation	VH	ND	ND	ND	ND	H	L	L	H	H	H	H	H	H	H	ND
	Skilled birth attendance	ND	ND	ND	ND	ND	H	H	H	H	H	H	H	L	L	L	ND
	Health seeking behaviour	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	M	M	M	ND

Legend

Color	Meaning	Color	Meaning
Very dark red	**VERY HIGH** risk factor	Yellow	**LOW** risk factor
Red	**HIGH** risk factor	Light green	**VERY LOW** risk factor
Orange	**MEDIUM** risk factor	Dark grey	**No data available**
		White	**Not a risk factor**

Risk factor heatmap (colors abbreviated: VH = Very High, H = High, M = Medium, L = Low, VL = Very Low, ND = No data available, — = Not a risk factor)

Category	Risk factor	Guban Pastoral	West Golis Pastoral	Northwest Agropastoral	Northern Inland Pastoral of Northwest	Hawd Pastoral of Northwest	Hargeisa IDP	Hargeisa Urban	East Golis	Beletweyne District	Beletweyne Urban & IDP	Galgadud IDPs	Galgadud Urban	Juba Riverine	Juba Cattle Pastoral	Kismayu Urban	Kismayu IDP (L. Juba)	Mogadishu urban (Banadir)	Mogadishu IDPs (Banadir)	Juba riverine (Non accessed)	Shabelle Agropastoral	North Gedo Pastoral	Dolow IDPs (Gedo)	Dolow Urban (Gedo)	North Gedo-Riverine	Shabelle Riverine	South Gedow pastoral	South Gedow Agropastoral	South Gedow Riverine	North Gedo Riverine
Health services and health environment	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	H	H	H	H	ND	ND	ND	ND	ND	ND	ND	ND	ND	L	L	L	L
	Access to a sufficient quantity of water	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	L	H	L	L	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Access to sanitation facilities	H	M	VL	VL	M	ND	ND	H	M	VH	VL	VL	H	M	L	L	ND	ND	M	M	H	M	M	H	M	ND	ND	ND	ND
	Access to an improved source of drinking water	L	M	VH	H	VH	ND	ND	H	VH	VH	VL	VL	H	H	L	L	VL	VL	H	L	H	M	M	H	M	ND	ND	ND	ND
Basic causes	Human capital	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	VL	VL	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Physical capital	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Financial capital	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Natural capital	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Social capital	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Policies, Institutions and Processes	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Usual/Normal Shocks	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Recurrent Crises due to Unusual Shocks	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	M	M	M	M	ND	ND	ND	ND	ND
Other Nutrition issues	Anaemia among children 6-59 months	ND	ND	ND	ND	ND	ND	ND	ND	L	L	ND	ND	H	H	H	H	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Anaemia among pregnant women	ND	ND	ND	ND	ND	ND	ND	ND	L	L	ND	ND	H	H	H	H	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Anaemia among non-pregnant women	ND	ND	ND	ND	ND	ND	ND	ND	L	L	ND	ND	H	H	H	H	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Vitamin A deficiency among pre-school children (6 – 71 months)	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	M	M	M	M	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Vitamin A deficiency among non-pregnant women (15 – 49 years)	ND	ND	ND	ND	ND	ND	ND	ND	VL	VL	ND	ND	H	H	H	H	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Low birth weight	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	VL	VL	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
	Fertility rate	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND

Legend

VERY HIGH risk factor		LOW risk factor	
HIGH risk factor		VERY LOW risk factor	
MEDIUM risk factor		No data available	
		Not a risk factor	

Category	Indicator	Hiran	Bay Agropastoral	Baidoa IDPs (Bay)	Baidoa Urban	Elberde Southern Inland Pastoral	Nothern Inland Pastoral of Northeast	Bosao IDPs Bari	Bosaso Urban (Bari)	East Golis Pastoral (Cross cutting livelihood)	Coastal Dee pastoral of North east	Garowe IDPs Nugaal	Garowe Urban Nugaal	Hawd pastoral of Central	Addun Pastoral	Galkayo IDPs Mudug	Galkayo urban Mudug
Health services and health environment	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Access to a sufficient quantity of water	No data	HIGH	LOW	VERY LOW	No data	No data	No data	No data	No data	No data	No data	No data	MEDIUM	MEDIUM	HIGH	No data
	Access to sanitation facilities	MEDIUM	HIGH	HIGH	VERY LOW	No data	LOW	LOW	No data	HIGH	HIGH	LOW	LOW	MEDIUM	MEDIUM	HIGH	No data
	Access to an improved source of drinking water	VERY HIGH	HIGH	LOW	VERY LOW	No data	HIGH	LOW	LOW	HIGH	HIGH	LOW	LOW	HIGH	HIGH	HIGH	No data
Basic causes	Human capital	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Physical capital	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Financial capital	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Natural capital	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Social capital	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
	Policies, Institutions and Processes	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	HIGH	HIGH	VERY HIGH	HIGH
	Usual/Normal Shocks	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	LOW	LOW	MEDIUM	LOW
	Recurrent Crises due to Unusual Shocks	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	VERY HIGH	VERY HIGH	No data	HIGH
Other Nutrition issues	Anaemia among children 6-59 months	LOW	No data	No data	No data	No data	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	VERY HIGH	HIGH
	Anaemia among pregnant women	LOW	No data	No data	No data	No data	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	VERY HIGH	HIGH
	Anaemia among non-pregnant women	LOW	No data	No data	No data	No data	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	LOW
	Vitamin A deficiency among pre-school children (6 – 71 months)	No data	No data	No data	No data	No data	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	VERY HIGH	HIGH
	Vitamin A deficiency among non-pregnant women (15 – 49 years)	VERY LOW	No data	No data	No data	No data	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	HIGH	MEDIUM	HIGH
	Low birth weight	No data	No data	No data	No data	No data	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	MEDIUM	HIGH	MEDIUM
	Fertility rate	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data